



## Medical Societies

### ONTARIO MEDICAL ASSOCIATION MEETING

The forty-fifth annual meeting of the Association was held in Toronto on May 5th to 8th under the auspices of the Academy of Medicine, in whose building the business sessions were largely conducted and from whose membership had been chosen the chairmen of the various sections and committees. The more purely scientific sessions were held in the King Edward Hotel. There was a striking and proper absence of those misplaced entertainments which so often in the past have interfered with the orderly conduct of affairs; the lesson drawn from previous meetings where whole sections have been deprived of an audience by some function staged in business hours has been learned. An unusually good programme had been arranged and the plan of conducting a meeting in open session without sectional programmes was tried out; this met with general approval. Of the papers, twenty-three were contributed from Toronto, twenty from Canada elsewhere than from Toronto, and four from the United States of America. The Association was privileged to be addressed by Dr. S. Basil Hall, president of the British Medical Association both in the sessions and at the round table. It is not the custom to comment upon individual contributions, but it can be said that the profession at large will wait expectantly for the further confirmation of the highly suggestive results reported by MacDonald, as having occurred in human patients afflicted with hypertension, after injection with liver extracts. The striking reactions in animals subjected to the same line of treatment by Western University experimenters was referred to in Dr. MacDonald's demonstration, and their work must be considered as also highly suggestive. Symposia occupied but little space in this year's meeting; the sessions were excellently attended and 730 members were registered.

The round table dinner on May 5th brought out discussion on the question of ethics in connection with post-graduate lectures and newspaper contributions by the Association. The president's address: "The future of medical service," was delivered at the annual dinner on

Wednesday. Class dinners were held on the evening of the 9th. An unusually attractive lot of exhibits were in evidence, demonstrations of the otometer, of occupational therapy and of the "physician's selected library" may be specially remarked upon. The new Reception Hospital was open for inspection and visitors were addressed on Wednesday afternoon by Dr. Farrar, the physician in charge.

In the committee on general purposes, with an attendance of eighty-five, and Dr. Krupp in the chair, the report of the committee on necrology was received with members standing. It noted the deaths of Dr. W. H. B. Aikins, Toronto; Dr. J. J. Gee, Toronto; Dr. J. A. Greenlaw, Palmers-ton; Dr. J. W. Hart, Huntsville; Dr. W. Ray Hodge, Toronto; Dr. George W. Judson, Lyn; Dr. P. D. MacIntosh, Kitchener; Dr. W. H. Pepler, Toronto; Dr. J. A. Robertson, Stratford; Dr. Alexander Taylor, Goderich; Dr. D. Wallace, Ottawa; Dr. F. W. E. Wilson, Niagara Falls; Dr. G. F. Jones, Webbwood; Dr. D. M. Macklin, Stratford; Dr. S. J. Mellow, Port Perry.

Dr. T. C. Routley presented the report of the Board of Directors stressing particularly the holding of the National Conference in Ottawa, December, 1924, when problems of education, licensure and practice were debated. He noted that this conference had been suggested by the Ontario Medical Association; the work of the eighteen committees was reviewed. The report of the counsellors of the ten districts gives evidence that the value of the post-graduate courses is rated high; the visiting activities of the counsellors is apparent and the indications of organization are clear.

The report of the treasurer produced much favourable comment, and the excellent financial standing of the Association was considered a matter for sincerest congratulation.

In the report of the committee on credentials and ethics, attention was drawn to a letter sent to the Ontario Hospital Association concerning publication of hospital details apt to be embarrassing to the physicians of the staff. The greatest interest naturally centred upon the report of the committee on legislation and by-laws; as is known, the amendments to the Ontario Medical

Act of 1925 are largely the suggestion of the premier of Ontario and of the Honourable W. F. Nickle. The old Ontario Medical Act of 1923 is repealed, the definition of the practice of medicine is removed from the new Act of 1925, all drugless healers are placed in a class by themselves, and the use of the term doctor, physician or surgeon is forbidden to them, unless of course they are properly qualified practitioners according to the Ontario Medical Act. The vital part of the bill may be presented in full for the benefit of the readers of this *Journal*.

Section 49 of the Ontario Medical Act is repealed and the following substituted therefor:

- 49.—(1) Any person not registered pursuant to this Act who takes or uses any name, title, addition or description implying or calculated to lead people to infer that he is registered under this Act, or that he is recognized by law as a physician, surgeon, accoucheur or a licentiate in medicine, surgery or midwifery, or who assumes, uses or employs the title "doctor," "surgeon" or "physician" or any affix or prefix indicative of such titles as an occupational designation relating to the treatment of human ailments, or advertises or holds himself out as such, shall incur a penalty of not less than \$25.00 nor more than \$100.00.
- (2) Subsection 1 shall not apply to any licentiate of dental surgery or any other person admitted to practise dentistry or dental surgery under the provisions of The Dentistry Act nor to any person registered as a pharmaceutical chemist under The Pharmacy Act.

The Ontario Medical Act, 1923, is repealed and notwithstanding anything in the Interpretation Act contained such repeal shall have effect as if the said Act had never been enacted and all acts and proceedings taken under and by virtue of the said Act are declared to be void and of no effect.

It is the general opinion that this is one of the best pieces of medical legislation which has ever been enacted. In contradistinction to the views on this bill may be noted the fact that the committee disapprove of the amended optometry Act which even allows the establishment of "faculties" of optometry if so desired. The same committee reported on the relation of practitioners to the Ontario Temperance Act, and report that certain changes have been made; the cutting down of the number of prescriptions from fifty to thirty a month should be noted. Dr. G. W. Ross, in speaking, agreed to bring before the committee on general purposes a résumé of the legal aspect of the Ontario Temperance Act; this was presented in the afternoon session. Some detail of this must be put before

the profession; it is to be realized now that the exceeding of thirty prescriptions a month is an offence against the statutes of the province of Ontario and punishable by fine, a "statutory offence"; previously, the issuing of over fifty prescriptions per month was simply the breaking of a regulation which brought the offender into conflict with the license commission board, and the discipline committee of the College of Physicians. The joint advisory committee was heartily thanked for their labours in connection with this question of medical legislation.

The reports of the committee on education, of the joint advisory committee, of delegates to the Canadian Medical Association, of advisory committee to the board of license commissioners, of the editorial board, of the committee on hospitalization, were received and adopted.

The report of the committee on tariff was received and considered in two sections, the question of the propriety of a pre-operation diagnostic fee was actively discussed, the possibility of confusing such fee with fee splitting was debated. It was finally decided to give the diagnostic fee a place on the Ontario Medical Association tariff; contract practice was considered as differing essentially from lodge practice.

Dr. Farley in reporting on county health centres spoke of the needs in Hastings county and urged that the Ontario Medical Association request assistance from the department of health. It was suggested that relief might be obtained from the Red Cross. A communication was read from the Graduate Nurses Association of Ontario requesting the Ontario Medical Association to petition the government department of health to aid such rural communities as could not support a practitioner. Dr. Farley's report was received and adopted.

In presenting the reports on industrial medicine Dr. Henderson asked that the members report to the committee cases of industrial intoxication; the report was received and adopted.

The reports of the Workmen's Compensation Board were received and adopted. In this report the chairman, Dr. Marlow, states that it was thought opportune to make some representation to the provincial government, with the view of bringing about some changes whereby medical services performed for the board might be placed on a better basis and be accorded more fitting recognition; the committee, he further stated, had considered that two points should be stressed

first, that there should be at least one medical member on the Workmen's Compensation Board, second, that there should be a thorough reorganization of the medical services of the board. The complete draft of the resolution is as follows:

WHEREAS the purpose of the Workmen's Compensation Act is to alleviate the ills arising from injury or industrial disease by furnishing efficient medical aid to the workers and to compensate them during their period of disability or to provide recompense in case of partial or complete permanent disability; and

WHEREAS the estimation of the amount and probable period of disability is founded upon medical opinion arrived at through professional study, observation and experience; and

WHEREAS the assessment of percentage disability of a protracted or permanent nature is obviously a matter in which experienced medical opinion must be taken into consideration; and

WHEREAS many inconsistencies in the awards by the Workmen's Compensation Board have come to the attention of the medical profession of Ontario and such have been the result of the failure of the Board to take medical opinion into account; and

WHEREAS though medical reports are available in each case for the guidance of the Board, under the present system of administration the interpretation of these reports is largely governed by legal or clerical opinion.

THEREFORE BE IT RESOLVED THAT:—

1.—For the proper interpretation and administration of the Workmen's Compensation Act, selection for appointment to the Board should be founded upon previous employment, citizenship and general suitability.

2.—There should be at least one medical member on the Board.

3.—Such medical member should be carefully selected. His experience in medical and surgical practice should be such as to ensure his ability to correlate and interpret medical reports in such a manner that he may bring to the Board logical opinions arrived at as the result of professional experience, study and scientific knowledge, without which the Board will often fail to do justice to the workers on the one hand, and on the other may over-estimate disability or unduly prolong compensation.

4.—His professional standing and ethical integrity should be of such a high degree as to command the confidence and cooperation of the medical profession of Ontario.

5.—His administrative ability should be of a high character and he should have supervision over the organization of the medical services of the Board and should see that all medical matters are relegated to the medical staff.

6.—The medical staff of the Board should be reorganized so as to promote (a) Recognition of authority. (b) Cohesion and cooperation. (c) High standard of ethics. (d) Cordial and more intimate relation with the medical profession and medical institutions. (e) The attainment of more exact reports on the condition of the workers. (f) More personal knowledge of such, in association with the medical attendant, where circumstances and distance permit; and adequate arrangements to offset distance. (g) Efficiency, which, without proper organization, it is impossible to attain.

7.—The senior medical officer employed by the Board should be director of the medical services of the Board and should be responsible for the organization and administration of the medical services.

8.—He should have a sufficient number of medical and clerical assistants to adequately and efficiently carry

on the work of this department, and members of his staff of medical officers should be largely relieved of clerical duties.

9.—His supervision of medical work for the Board should extend throughout the province, and in areas not easily accessible he should be represented by well selected medical referees, remunerated in accordance with the services performed.

10.—In cases of extraordinary difficulty of importance, in which the usual medical reports or specialists' reports are not conclusive it should be in order to assemble a medical board of three to conduct an examination and forward their opinion before final disposition of the case is arranged. Such a board should not be permanent but its members should be chosen in each case because of their particular qualifications and ability to advise conclusively in the case under consideration.

11.—The medical services of the Board should be brought to such a high standard of efficiency as to promote: (a) Adequate and well recognized scientific treatment for all workers coming under the provisions of the Act, so as to eliminate disability and hasten recovery and return to work, and in cases in which there is permanent disability, to minimize this to the greatest possible extent by suitable measures and appliances. (b) The attainment of such records and reports as will supply, through the medium of medical opinion, the basis for reliable assessment of disability, both as to duration and amount.

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the premier of the province of Ontario, and also to the attorney-general, and that it be intimated to them that if any changes in the Act or the constitution of the Board are contemplated, the Ontario Medical Association would appreciate the opportunity of appearing before the government, in a small representative deputation, to present this resolution in person, and to discuss the matter in greater detail.

Dr. Routley remarked that in Alberta there has been appointed a medical officer who shall act as additional referee.

The report of committees of public health and mental hygiene were received and adopted in the absence of their respective chairmen.

At the next session the reports of the committee on Inter-relations was presented at length by Dr. H. W. Hill, chairman. This included the reports of the sub-committees on press publicity, on public education through local medical societies, and the hospitals, by Dr. Gordon Bates, J. P. Morton and C. H. Hair, their respective chairmen. This concluded the business programme of the Association.

New business transacted: The applications for affiliation of the Porcupine district and Dufferin county were received. The committee from the doctors of Thorold asking for redistribution was approved. Dr. Colbeck moved that the committee recommend that the Association pay the legitimate expenses of the counsellors in attending meetings of the board of directors; this was approved.

Dr. Henderson reported that he had received a letter from the pharmaceutical manufacturers asking that the Ontario Medical Association co-

operate with them in the matter of obtaining an amendment to the narcotic drug Act, which requires a physician to furnish a signed and dated order when purchasing certain drugs classified as narcotics. It was moved by Dr. Henderson, seconded by Dr. Moore, that the Ontario Medical Association recommend to the Canadian Medical Association that they take such steps as they consider advisable in approaching the government of Canada to relieve the physician from some of the difficulties which arise out of the opium and narcotic drug act, 1923, such as the necessity of furnishing a signed order when purchasing such preparations as are sufficiently medicated to prevent their use for their narcotic content, decision in regard to the sufficiency of medication to lie with the Board of Health. Carried.

The Secretary presented the following resolution from the Hamilton Medical Society:

"The Hamilton Medical Society desires to go on record as being opposed to the placarding of the two diseases chickenpox and mumps, on account of the trivial symptoms manifested by both, and also on account of their negligible mortality."

It was decided to refer this matter to the committee on public health.

It was moved by Dr. Colbeck, seconded by Dr. Farley, that the committee on necrology co-operate with the President and Secretary of the Ontario Medical Association and the committee of the Academy of Medicine, Toronto, in taking up the question and deciding what steps are necessary to procure the desired information and put it on record.

Dr. Young moved an amendment, which was seconded by Dr. Grant, that a committee composed of Doctors Ferguson, Powell, Gwyn, Colbeck, Fotheringham and J. C. Connell, with power to add, be appointed to take up the question of procuring all available information with reference to the history of medicine in Ontario, and placing it on record. Carried.

The secretary remarked that for some time he had thought the Ontario Medical Association could be doing some useful work in connection with the students in our medical schools. The American Medical Association has a system of

following through the medical schools the course of every student from his first year on. He would like it to be considered, say until the semi-annual meeting, whether or not it would be available for the Ontario Medical Association to work out a follow-up system along similar lines, at the same time, bringing the Ontario Medical Association before the students. Two purposes could be accomplished; interesting and useful information could be secured, and the interest of the students through their college years could be obtained. In this connection the following remarks made earlier in the day on the question of increasing the membership may be made.

Dr. Gwyn: The graduating classes of the three universities should be met in their final year by the officers of the Ontario Medical Association, and, as each student graduates, he should have in his possession a circular from the Ontario Medical Association notifying him of its existence and its desire to have him affiliated with it when he goes out into the world. Dr. Bruce Hopkins suggested that every graduate from the three Ontario medical schools be automatically admitted as a member of the Ontario Medical Association for the first year after graduation.

Dr. Elliott reminded the committee that this action would not be constitutional; and recommended that the matter be sent forward to the committee on legislation and by-laws for their consideration.

It was decided that the directors be instructed to appoint a special committee for the purpose of inquiring into ways and means by which the membership could be increased; and that they report to the semi-annual business meeting of the Association; and further, that the matter of admitting into membership in the Ontario Medical Association all graduates, for the first year after graduation, be referred to the special committee mentioned above.

On motion, the meeting adjourned at 5.45 p.m. after it had been moved, seconded and agreed that this meeting approved of the work of the committee on general purposes as far as completed.

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Golfer:—"Doctor, you remember you recommended golf to take my mind off my work?"

Doctor:—"Yes."

Golfer:—"Well, can you prescribe something now to get it back again?"